

215037121
60039

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 564	Agency Case No. B5-084494	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT 09/12/2015	M M / D D / Y Y Y Y S M T W T H F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		(In Military Time) TIME OF ACCIDENT 1130	STATE USE ONLY	
A/2	PLACE OF ACCIDENT COUNTY Lancaster CITY Lincoln	POLICE NOTIFIED 1135		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	09/12/2015	
B 65	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. South 27th	ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO		LATITUDE		
C 1	DISTANCE FROM MILEPOST FEET N S E W OF MILEPOST	HIGHWAY NO.		LONGITUDE		
D 1	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY		IF NOT AT INTERSECTION <input checked="" type="radio"/> FEET <input type="radio"/> MILES N S E W OF NEAREST STREET, BRIDGE, RAILROAD CROSSING			
V1/M 08	251.00 X North curb of F St					
V2/M 01	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN MILES N S E W AND MILES N S E W OF NEAREST CITY OR TOWN					
E 2	R. WORK ZONE CODES R1 R2 R3 R4 1	S. PEDESTRIAN CLASSIFICATION CODES S1 S2 S3 S4 S5-a S5-b S6-a S6-b		DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO		
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO. V00252410	STATE (Of License) NE		SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE		
V1/N 1	DRIVER CYNTHIA R HAMMOND	PHONE 402-429-1714		LOCAL NO.		
V2/N 1	DRIVER ADDRESS 7440 S 19TH ST, LINCOLN, NE 68512	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY) 01/14/1975	LOCAL NO.	
G 4	OWNER CYNTHIA R HAMMOND	PHONE 402-429-1714		LOCAL NO.		
H 5	OWNER ADDRESS 7440 So 19th, Lincoln, NE 68512	CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB490437	
V1/O 2	LICENSE PLATE SP NO. 4944	YEAR 2015		STATE (Of Plate) NE		
V2/O 2	VEHICLE 2014	MAKE Jeep	MODEL Grand Cherokee	BODY STYLE Medium/large u	COLOR gray	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 750
I 1	VEHICLE ID NO. (VIN) 1C4RJFCG4EC272928	INSURANCE COMPANY Farm Bureau		POLICY NO. 7323149		
VEHICLE NO. 2						
V1/P 1	DRIVER DAVID L WIESE	PHONE 402-540-0872		LOCAL NO.		
V2/P 1	DRIVER ADDRESS 2119 South St, LINCOLN, NE 68516	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY) 07/07/1990	LOCAL NO.	
J 01	OWNER CHARLES WOERTH(7-17-1927) / Stella Woerth	PHONE 402-435-0872		LOCAL NO.		
V1/Q 4	OWNER ADDRESS 2119 South St, Lincoln, NE 68502	CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.	
V2/Q 4	LICENSE PLATE PA NO. TVX284	YEAR 2016		STATE (Of Plate) NE		
K 01	VEHICLE 2006	MAKE Chevrolet	MODEL HHR	BODY STYLE Mini van	COLOR silver / chrome	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1000
	VEHICLE ID NO. (VIN) 3GNDA23P46S578632	INSURANCE COMPANY Allied		POLICY NO. PPCM042189621-3		
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	3 Body Region	4 Injury Sev.
VEH. #	NAME	ADDRESS			5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-084494



Indicate
North
by Arrow

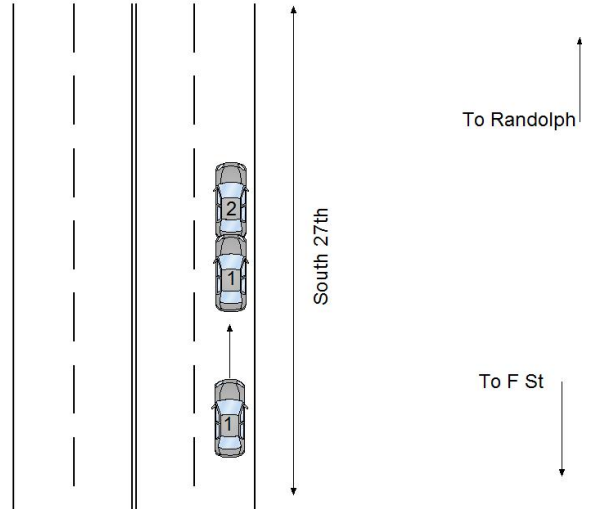


Not To Scale

POI

251 ft 8 in North of the North curb of F St
5 ft 2 in West of the East curb of So 27th

So 27th 53 feet wide



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver of vehicle #1 stated that she was Northbound on South 27th between F St and Randolph in the outside lane behind vehicle #2 when vehicle #2 had to suddenly stop for traffic in front of him. #1 stated that she applied her brakes but could not stop prior to colliding with the rear of vehicle #2. Driver of vehicle #2 stated that she was Northbound on So 27th between F St and Randolph in the outside lane when a vehicle in front of him suddenly stopped causing him to have to suddenly stop. As #2 stopped his vehicle was struck from behind by vehicle #1.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS						
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				(Enter numbers for each vehicle)				VEH 1	1	VEH 2	2		
1	X				So 27th													
2	X				So 27th													
1	01				06 Turning left	VEHICLE 1		POINT OF IMPACT	01	VEHICLE 2		POINT OF IMPACT	05	ALCOHOL TESTING		Driver No. 1	Driver No. 2	Pedestrian
2	11				08 Entering traffic lane	MOST DAMAGED AREA	01	MOST DAMAGED AREA	05	1 Deployed - front		1 None used - vehicle occupant		ALCOHOL LEVEL TESTED		Y	X	Y
					01 Essentially straight ahead	00 None	02 03 04		2 Deployed - side		2 Lap & shoulder belt used		BAC LEVEL		ALCOHOL/DRUGS SUSPECTED			
					02 Backing	09 Top & windows	01 05		3 Deployed - both front/side		3 Shoulder belt only used				1 Neither alcohol nor drugs suspected			
					03 Changing lanes	10 Undercarriage	08 07 06		4 Not deployed		4 Lap belt only used				2 Yes - alcohol suspected			
					04 Overtaking/Passing	11 Total (all areas)			5 Not applicable/No airbag available		5 Child safety seat used				3 Yes - drugs suspected			
					05 Turning right	12 Other			6 Unknown		6 Child booster seat used				4 Yes - alcohol & drugs suspected			
					13 Unknown					7 DOT approved helmet used				5 Unknown				
											8 Costume helmet used							
											9 Restraint use unknown							

OFFICER NO. 762	TROOP/TEAM/BEAT 5	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Todd Groves		INVESTIGATOR SIGNATURE Approved by Officer Todd Groves	DATE OF REPORT 09/12/2015